Cable			\$									
	Worksheet			Total amou	Total amount of remittance			Number of SAs rec'd Ini				
				Date of rem	ittance		Check	☐ EFT	☐ FILING FEE			
Cable ID #								Amount/I	nitials			
Examined by		Reviewed by		Date examinat completed			n number	\$				
Space A Accounting						•						
Period	Janu	uary 1 – J	lune 30, 20] July 1 – Do	ecember 31, 20					
	Lette	er sent				Informat	ion received					
	☐ Acce	epted	☐ Phone call/D	Oate/Contact								
Space B Owner												
	Lette	er sent				Informat	ion received					
	☐ Acce	☐ Accepted ☐ Phone call/Date/Contact										
Space D Area Served												
	Lette	er sent				Informat	ion received					
	☐ Acce	epted	☐ Phone call/D	Oate/Contact								
Space E Secondary Transmission												
Service Subscribers: and Rates	Lette	er sent				Informat	ion received					
and Rates	☐ Acce	epted	☐ Phone call/D	Date/Contact								
Space G Primary Transmitters: Television												
	Lette	er sent				Informat	ion received					
	Acce	epted	☐ Phone call/D	Date/Contact								
Space H Primary Transmitters:												
Radio	☐ Acce	epted	☐ Phone call/□	Date/Contact								

			1	
			Space I Substitute Carriage	
Letter sent		☐ Information received		
☐ Accepted	☐ Phone call/Date/Contact			
			Space J Part-time Carriage Log	
Letter sent		☐ Information received	(SA3 only)	
☐ Accepted	☐ Phone call/Date/Contact			
			Space K Gross Receipts	
Letter sent		☐ Information received		
☐ Accepted	☐ Phone call/Date/Contact			
			Space L Copyright Filing and Royalty Fees	
Royalty Fee s	hould be \$	Refund request to fiscal		
Letter sent		☐ Information received		
☐ Accepted	☐ Phone call/Date/Contact			
			Space M Channels	
Letter sent		☐ Information received		
☐ Accepted	☐ Phone call/Date/Contact			
			Space O Certification	
Letter sent		☐ Information received		
☐ Accepted	☐ Phone call/Date/Contact			
			Space P Statement of Gross Receipts	
Letter sent		☐ Information received		
☐ Accepted	☐ Phone call/Date/Contact			
			Space Q Interest Assessment	
Letter sent		☐ Info/add'l fee received		
☐ Accepted	☐ Phone call/Date/Contact			

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i) – (vii)].

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
	\$ 67 TC					
	ALLOCATION NUMBER					

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

A Accounting	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)								
Period		(Year) (Year)							
B Owner	Give corpo In If to a sing	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	1	LEGAL NAME OF OWNER OF CA							
	2	CALAVERAS CABLEV							
	2	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (I	F DIFFERENT):					
	3	PO BOX 37 (Number, street, rural route, apartment, or suit COPPEROPOLIS, CA 9 (City, town, state, zip)	te number)						
С				entify the business and operation of the syst ne system, if different from the address give					
System	1	1 IDENTIFICATION OF CABLE SYSTEM:							
	2	MAILING ADDRESS OF CABLE S (Number, street, rural route, apartment, or suite (City, town, state, zip)							
D Area Served	in FC areas of sy Note:	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
		CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First ► Community									

Privacy Act Notice: Section 111 of title 17 of the *United States Code* authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				
				Name
Instructions: List each separate community	served by the cable sys	tem. A "community" is the same as a "comr	nunity unit" as defined	
in FCC rules: "a separate and distinct comm	nunity or municipal enti	ity (including unincorporated communities	within unincorporated	D
areas and including single, discrete unincorp of system identification hereafter known as t	he "first community." Pl	lease use it as the first community that you li	ure filings.	Area
Note: Entities and properties such as hotels, ap				Served
identified city.		•		
		П		
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
				◆ First
				Community
		• • • • • • • • • • • • • • • • • • • •		
			l	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set," and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1, (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK	1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE NO. OF SUBSCRIBERS RATE		
Residential: • Service to first set					
 Service to additional set(s) FM radio (if separate rate) Motel, hotel 					
Commercial Converter					
ResidentialNonresidential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE	Ξ
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable-add'l channel 		Commercial			
Fire protection		Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set		Burglar protection			
Additional set(s)		Other Services:			
FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

LEGAL NAME OF OWNER OF CABLE SYSTEM:	Name
--------------------------------------	------

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Primary
Transmitters:
Television

G

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
l			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:



Primary Transmitters: Radio

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend; and (2) it can be *expected*, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (iv) of the general instructions.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
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	1						
• • • • • • • • • • • • • • • • • • • •	1	• • • • •					

FORM SA1-2. PAGE 5.									
LEGAL NAME OF OWNER OF CABLE SYSTEM	1:						Name		
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes.". Otherwise, enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7, give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
SUB	STITUTE	PROGRAM			SUBSTITUTE GE OCCURRED	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
					-				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount yall amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to opage (vi) of the general instructions. • Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	dary transmission service compute this amount, see
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe: Complete block 1, block 2, or block 3 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than See page (vi) of the general instructions for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must p	pay for this six-month
	accounting period is \$52.00	\$ 52.00
	Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$
	Line 3. Filing Fee	\$ 15.00
		Ψ 10.00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 1, 2 and 3	\$
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)
	1. Base amount under statutory formula · · · · \$263,80	0
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1 \$	
	4. Enter the amount of gross receipts from space K	_
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
		\$
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	A
	5. Filling Fee	
	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9	\$
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)
	\$	
	1. Enter the amount of gross receipts from space K	_ 0
	2. Base arrount under statutory formula	_
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	5 1,319
	6. Interest Charge. Enter the amount from line 4, space Q, page 8	200.00
	7. Filing Fee	20.00
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7 · · · · · · · · · · · · · · · · · ·	\$
	IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Congeneral instructions</i> for more information.	opyrights. See page i of the

1	FOR	NAS	SA ₁	-2	DΔ	CE	7
- 1		ועור	-DAI	-/.	гм	- שבי	1.

LEGAL NAME OF OWNER OF CABLE SYSTEM: CALAVERAS CABLEVISION 62869	Name			
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 1. Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations.	M Channels			
Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 236				
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N			
Name Mindy Rasmussen Telephone 209-785-2211 (Area code) Address PO BOX 37 (Number, street, rural route, apartment, or suite number) COPPEROPOLIS, CA 95228 (City, town, state, zip) Email (optional) ap@caltel.com Fax (optional)	Individual to Be Contacted for Further Information			
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	0			
I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	Certification			
(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or				
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or				
(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.				
 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [See 18 U.S.C. sec.1001] 				
Handwritten signature:				
Typed or printed name: ROSE CULLEN				
Title: CFO (Title of official position held in corporation or partnership)				
Date: 05/08/19				

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Calaveras Telephone Company TV C o u n ts R e p o rt

			Counts	A II . C . :	D.4.0:0		Show-		Cine			Set Top
Category TV	MRC	Decription		All Subs	BASIC	ESS	Flix	НВО	max	Starz	Spanish	Boxes
I V	BUNTP1	Triple Elite	235	486	32	454	21	18	7	33	4	1098
	BUNTP2	Advantage Elite	27		02			.0	•	00	•	
	BUNTP3	Mega Elite	45									
	TVB	TV Limited Basic	26									
	TVBB	Basic TV with Basic Plan	0									
		Essentials TV with Basic Plan	0									
	TVBOX	-	612									
	TVCMAX TVDVR	TV Cinemax	6 341									
	TVESS	DVR Set Top Box TV Essentials	80									
	TVESSDB1	TV Essentials	4									
		TV Essentials	5									
	TVESSTP1	TV Essentials	235									
	TVESSTP2	TV Essentials	27									
	TVESSTP3	TV Essentials	45									
	TVFE	Essentials TV with Family Plan	0									
	TVHBO	TV HBO	15									
	TVMOD	TV Multi Port Modem	405									
		Essentials TV with Premiere	0									
	TVPPV	TV Pay Per View	0									
	TVSHOW	TV Showtime	17									
	TVSPAN	Spanish Package	4									
	TVSTAR	TV Starz/Encore SUB-	28 TTL 2157									
	BUNTP1 BUNTP2	Triple Elite Advantage Elite	18 4									
	BUNTP3	Mega Elite	12									
	TVB	TV Limited Basic	6									
	TVBB	Basic TV with Basic Plan	0									
		Essentials TV with Basic Plan	0									
	TVBOX	Standard Set Top Box	90									
	TVCMAX											
	TVDVR	TV Cinemax	1									
		DVR Set Top Box	1 54									
	TVESS	DVR Set Top Box TV Essentials	1 54 24									
	TVESS TVESSTP1	DVR Set Top Box TV Essentials TV Essentials	1 54 24 18									
	TVESS TVESSTP1 TVESSTP2	DVR Set Top Box TV Essentials TV Essentials TV Essentials	1 54 24 18 4									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials	1 54 24 18 4									
	TVESS TVESSTP1 TVESSTP2	DVR Set Top Box TV Essentials TV Essentials TV Essentials	1 54 24 18 4									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO	1 54 24 18 4 12									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE TVHBO	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO	1 54 24 18 4 12 0									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE TVHBO TVMOD	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO TV Multi Port Modem Essentials TV with Premiere TV Pay Per View	1 54 24 18 4 12 0 3 67									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE TVHBO TVMOD TVPE TVPPV TVSHOW	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO TV Multi Port Modem Essentials TV with Premiere TV Pay Per View TV Showtime	1 54 24 18 4 12 0 3 67 0 0									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE TVHBO TVMOD TVPE TVPPV TVSHOW TVSPAN	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO TV Multi Port Modem Essentials TV with Premiere TV Pay Per View TV Showtime Spanish Package	1 54 24 18 4 12 0 3 67 0 0 4									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE TVHBO TVMOD TVPE TVPPV TVSHOW	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO TV Multi Port Modem Essentials TV with Premiere TV Pay Per View TV Showtime Spanish Package TV Starz/Encore	1 54 24 18 4 12 0 3 67 0 0 4									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE TVHBO TVMOD TVPE TVPPV TVSHOW TVSPAN	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO TV Multi Port Modem Essentials TV with Premiere TV Pay Per View TV Showtime Spanish Package	1 54 24 18 4 12 0 3 67 0 0 4									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE TVHBO TVMOD TVPE TVPPV TVSHOW TVSPAN	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO TV Multi Port Modem Essentials TV with Premiere TV Pay Per View TV Showtime Spanish Package TV Starz/Encore	1 54 24 18 4 12 0 3 67 0 0 4									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE TVHBO TVMOD TVPE TVPPV TVSHOW TVSPAN TVSTAR	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO TV Multi Port Modem Essentials TV with Premiere TV Pay Per View TV Showtime Spanish Package TV Starz/Encore	1 54 24 18 4 12 0 3 67 0 0 4 0 5 TTL 322									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE TVHBO TVMOD TVPE TVPPV TVSHOW TVSPAN TVSTAR	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO TV Multi Port Modem Essentials TV with Premiere TV Pay Per View TV Showtime Spanish Package TV Starz/Encore SUB-	1 54 24 18 4 12 0 3 67 0 0 4 0 5 TTL 322									
	TVESS TVESSTP1 TVESSTP2 TVESSTP3 TVFE TVHBO TVMOD TVPE TVPPV TVSHOW TVSPAN TVSTAR TVDVR TVDVR TVESS	DVR Set Top Box TV Essentials TV Essentials TV Essentials TV Essentials Essentials TV with Family Plan TV HBO TV Multi Port Modem Essentials TV with Premiere TV Pay Per View TV Showtime Spanish Package TV Starz/Encore SUB- DVR Set Top Box TV Essentials	1 54 24 18 4 12 0 3 67 0 0 4 4 0 5 5 TTL 322									

TTL

2482

12/16/2018

			BASIC 23		,
СН	NETWORK	СН	NETWORK	СН	NETWORK
3	KCRA (NBC)	11	KXTV-DT2 (Justice Network)	42	KTNC (FCB)
4	KCRA-DT2 (Me TV)	13	KOVR (CBS)	50	QVC
5	KVIE-DT2 (PBS Encore)	29	KSPX (ION)	51	Home Shopping Net (HSN)
6	KVIE (PBS)	30	KSPX-DT2 (qubo)	58	KQCA (My 58)
7	Calaveras Community TV1	31	KMAX (CW)	59	MOVIES!
8	KVIE-DT3	39	KTXL-DT3 (This TV)	60	Trinity Network (TBN)
9	Calaveras Community TV2	40	KTXL (FOX)	61	Catholic Network (EWTN)
10	KXTV (ABC)	41	KTXL-DT2 (Antenna TV) uestion #1=16 (all		/ 1.71 \
	Group IV	1: Q	uestion #1=16 (all	beg	W/ KˈS)

CH NETWORK CH NETWORK 570 ESPN 618 Bravo 572 ESPN 2 619 Lifetime **ESPN News** Lifetime Movie ESPN U FYI 574 622 NFL Network 625 Investigation

Discovery The Golf Channel **630** USA 577 NBC Sports A&E 631 578 Fox Sports 1 FX

637 583 Nat Geo 638 SyFy TLC 590 Science Discovery 591

Destination America 593 Animal Planet Fox News HISTORY 594

CNBC 665 Discovery Family **MSNBC** 667

611 HGTV 670 **AMC** 614 E! 672 IFC

615 Oxygen 773 Velocity **617** WE

Don't use HD in the CT they count the

same as reg station



P.O. Box 37 • 513 Main Street Copperopolis, CA 95228 4 Jean Street, Suite #3 Valley Springs, CA 95252

Phone: 209-785-2211 Toll Free: 800-253-2511 Fax: 209-785-3551

cs@calaverastelephone.com caltelconnect.com

HD CHANNELS AVAILABLE IN AREAS WHERE FIBER
HAS BEEN CONNECTED TO THE HOME. CURRENT
AREAS ARE CALYPSO BAY, CONNOR ESTATES, COPPER
HILLS, PENINSULA ESTATES, POKER FLAT, SADDLE

HD BASIC

CH NETWORK

540 KTXL (FOX)

558 KQCA (My 58)

KMAX (CW)

CREEK AND TOWN SQUARE.

CH NETWORK

503 KCRA (NBC)

510 KXTV (ABC)

513 KOVR (CBS)

HD ESSENTIALS (includes HD basic)

ST	ARZ / ENCO	RE,	\$9.95 MO
СН	NETWORK	СН	NETWORK
360	Starz West	368	Encore
361	Starz in Black	369	Encore Suspense
362	Starz East	370	Encore Action
363	Starz Cinema	371	Encore Westerns
364	Starz Comedy	372	Encore Drama
365	Starz Edge	373	Encore Love
366	Starz Kids	374	Encore Family
862	Starz HD		
	3	1	

SHOWTIME · \$12.95 MO

CH NETWORK

TMC E

341 TMC W

342 TMC Xtra

832 Showtime HD

835 Showcase HD

840 TMC HD

343 Flix

339 Showtime Women

CH NETWORK

333 Showtime 2

332

Showtime W

Showtime E

334 Showtime Beyond

337 Showtime Next

338 Showtime Family

Showtime Showcase

Showtime Extreme

SPANISH · \$2.95 MO

CH	NETWORK	CH	NETWORK
202	Fox Deportes	206	Discovery en Español
203	ESPN Deportes	210	TR3S/SP
204	CNN en Español	210	Musica y mas
205	mun2		

		33E	N I IALS (includes Basic)		
СН	NETWORK	СН	NETWORK	СН	NETWORK
70	ESPN	103	Boomerang 86	139	truTV
71	ESPN Classics	104	Nick Jr.	140	FXX
72	ESPN 2	105	Cartoon Network	141	BBC America
73	ESPN News	106	Discovery Family	144	Science
74	ESPN U	107	Disney Jr.	145	American Heroes Channel
75	NFL Network	108	Esquire	146	Destination America
76	The Golf Channel	109	Cooking	149	VH1 Classic
77	NBC Sports	110	DIY	150	MTV
78	Fox Sports 1	111	HGTV	151	MTV-2
80	Outdoor	112	Food	152	VHI
83	Nat Geo	113	Travel	153	BET
84	Hallmark Movies & Mysteries	114	E!	155	CMT
85	ABC Family	115	Oxygen	156	Great American Country
87	TV Land	117	WE	160	CSPAN
88	Hallmark	118	Bravo	161	CSPAN2
89	Nat Geo Wild	119	Lifetime	162	CNN
90	TLC	120	Lifetime Movie	163	HLN/Headline News
91	Discovery	122	FYI	164	FOX News
92	OWN	123	Chiller	165	CNBC
93	Animal Planet	124	Cloo	166	MSNBC
94	HISTORY	125	Investigation Discovery	167	Weather Channel
95	RFD TV	130	USA	168	CNBC World
96	H2	131	A&E	169	Fox Business News
97	Teen Nick	132	TNT	170	AMC

133

TBS

136 Spike

137 FX

138 SyFy

135 Comedy Cntrl

Nicktoons

Disney

102 Disney XD

Nickelodeon

Nickelodeon W

Group M: Question #2 = 140 (23+86+31)

142 WGN

173 FXM Movie Channel

171

172 IFC

Turner Classic Movies